

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ASTATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

RT#1

Complete this report at the time of the regular monthly preventive maintenance

Complete this report w	henever the instrument is send a copy within 15 da	serviced or repaire	ed and wher By Ca	rol Day at 1:11 pr	n, Nov 17, 2015	
INTOX DMF SN 500327				DATE OF INSPECTION 11/04/2015		
LOCATION OF INSTRUMENT (S 1901 E. Cleveland	TREET AND CITY)		Acceptable	11:29:28		
CHECKLIST: Place a values where determine	mark in the box by each ed). Unmarked items mus	item if found to be s	satisfactory or is operatione using instrument.	ng within established limits.	Write in observed	
☑ DIAGNOSTIC RE	CORD					
DATE AND TIME	11/04/2015 11:29:30		□ DETECTOR			
☑ PROGRAM			☑ FILTER 1			
SAMPLE CHA	MBER 48.7°C		☑ FILTER 2			
			☑ FILTER 3			
☑ PUMP				TANDARD		
BREATH ANALYZER	ACCURACY STANDA	RDS	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			
☐ SIMULATOR S	STANDARD			ED ETHANOL-GAS MIXTU	RE	
STANDARD SUPP	LIER AIRGAS	LC	T# <u>AG422001</u>	EXP. DATE_(08/08/2016	
☐ SIMULATOR TEM	P (34°C ± 0.2°C)	SIN	ULATOR SN	SIMULATOR EXP DA	TE	
of .005 or less. Ma ☑ 0.10% STA ☐ 0.08% STA	rk the box corresponding ANDARD - MUST READ ANDARD - MUST READ ANDARD - MUST READ	to the standard be BETWEEN 0.095% BETWEEN 0.076%	ing used. % AND 0.105% INCLU % AND 0.084% INCLU	SIVE		
TEST 1 0.096		TEST 2: 0.095		TEST 3. 0,095	TEST 3. 0.095	
PERFORM R.F.I. T	EST				**************************************	
NDICATE THE NUME	BER OF BREATH TEST	S IN THE FOLLO	WING RANGES SIN	CE THE LAST MAINTENA	NCE REPORT	
REFUSALS 0	004: 0	.0509: 0	.1014. 0	.1519: 0	OVER .19: 0	
IST ANY NEW PARTS AND DES	T CRIBE ANY ALTERATION OR MOD ER SIDE IF DECESSARY)	FICATION THAT WAS MA	DE TO RESTORE THE INSTRUM	ENT TO OPERATE SATISFACTORILY A	NO WITHIN	
November Maint Test						
vaneativa aesias				Section 1		
NSPECTING OFFICE	1 .		PRIM FULL NAME			
F. V. Or Jan	W.V	E-1/20 - 1-1 - 1-1 - 1-1	JEFFERY A M	MARTINSON DE DOMBER		
รคตา คลิสิท การีกิพลส - 240372		10/17/201	16 417-2	235-4241		
RETURN COMPLETE	3	Southeast District O 1975 James Blyd P	ffice foctar Sluff, MO 63901	of Health and Senior Service	S	
			T		<u>,</u>	



Airgas USA LEC (LAB) 3500 Bernord Street St. Louis, Mo. 53103 Ph. (314) 533-3100 Fax. (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 11-Aug-2014

Lot # AG422001

Exp. Date 8-Aug-2016 <u>Cyl. Type</u> 108

Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm	<u>Serial No.</u>	<u>Concentration</u>
EB0010581		EB0010603	392.5 ppm
EB0010570		EB0010559	258.9 ppm
EB0010285		EB0010595	208.9 ppm
EB0010561		EB0010562	104.9 ppm
EB0010681	103.7 ppm	EB0010562	104.9 ppm
	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2014.08,11 16:03:33 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JEFFERY A MARTINSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair and operate the following breath analyzer(s):						
INTOX DMT						
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.						
DATE 10/17/2014	municipal					
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY					
NUMBER 240372	Dal Vasterly, acting director					
EXPIRES 10/17/2016	acting director DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES					
MO 580-0771 (6-10)	LAB-4 (R6-10)					